FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Chen Richard | | | | | | Personalis, Inc. [PSNL] | | | | | | | | | | Check | lationship of Reporting Rk all applicable) Director Officer (give title | | g Person(s) to iss 10% Ow Other (s | | vner |
|---|---|------------|---|-----------|---|---|--|--------|--------------|--|--|-------------------|--|---|--------------------------------------|---|---|--|---|--|--|
| (Last) (First) (Middle) C/O PERSONALIS, INC. 1330 O'BRIEN DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2020 | | | | | | | | | X | Chief Scientific Officer | | | | рсспу | | |
| (Street) MENLO (City) | PARK C. | tate) | 94025 (Zip) | | , | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| . = | | | le I - Noi | | | _ | | | ÷ | | Disp | | | | | | | | | 1 | |
| 1. Title of Security (Instr. 3) | | | 2. Trans Date (Month/I | Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | d (A) or r. 3, 4 a | nd | Securitie Benefici | 5. Amount of Securities Beneficially Dwned Following | | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) Pri | | , | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Common Stock | | | | 03/09 | 9/2020 | /2020 | | | | M | | 1,000 | 0 A \$ | | \$0. | 00 | 60,000 | | | D | |
| Common Stock | | | | 03/09 | 9/2020 | | | | | S ⁽¹⁾ | | 1,000 | 0 D \$ | | \$7. | 84 | 4 59,000 | | | D | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemo Execution if any (Month/Da | Date, | | ransaction Code (Instr. | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | De Se (Ir | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | de V (| | A) (D) | | te ercisabl | | xpiration ate | Title | | Amoun or Numbe of Shares | er | | | | | |
| Stock Option (right to | \$0.44 | 03/09/2020 | | | M | | | 1,000 | | (2) | 03 | 3/07/2022 | | imon ock | 1,000 | | \$0.00 | 162,24 | 9 | D | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan by the reporting person.
- 2. The shares subject to the option are fully vested and exercisable.

Remarks:

/s/ Aaron Tachibana, Attorneyin-Fact 03/11/2020

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.